



U.S. Department of Justice
Office of Justice Programs
Office for Civil Rights

COMPLAINT VERIFICATION INFORMATION

Your name, address, and telephone number(s):

Name, address, and telephone number(s) of person(s) who discriminated against you:

Name, address and telephone number(s) of agency or organization involved in your complaint:

Are there other persons or organizations involved in this discrimination case? _____

If yes, please give the names, addresses and telephone numbers below:

NAME	ADDRESS	TELEPHONE
_____	_____	_____
_____	_____	_____

Which of the following describes the nature of the discrimination involved?

____ Race/Color ____ National Origin ____ Religion ____ Sex ____ Disability ____ Age

Does your charge of discrimination involve:

- a. Your job or seeking employment? ____ Yes ____ No **OR** b. Your using facilities or someone providing services/protection to you (or others)?
____ Yes ____ No

If yes, which if the following apply:

- ____ Hiring
- ____ Work Assignment
- ____ Promotion
- ____ Demotion
- ____ Discipline
- ____ Layoff/Recall
- ____ Retaliation
- ____ Termination
- ____ Other (Specify) _____

If yes, which of the following apply:

- ____ Brutality
- ____ Harassment
- ____ Language
- ____ Applying rules/laws differently
- ____ Access to buildings/programs
- ____ Retaliation
- ____ Different standards/opportunities/programs
- ____ Segregation
- ____ Other (Specify) _____

What month(s), day(s), and year(s) did the most recent discrimination against you take place?

Beginning: Month _____ Day _____ Year _____
Ending: Month _____ Day _____ Year _____

Explain in detail what happened and how you were discriminated against. State who was involved and show how other persons were treated differently from you. (Also attach any written materials or documentation pertaining to your case.)

Has the opposite sex or have persons of other races, national origin, religions, or disabilities been treated differently from you in this particular matter? If yes, please explain and identify: _____ Yes _____ No

Why do you believe this occurred? _____

What other information do you think might be helpful to our investigation? _____

If this complaint is resolved to your satisfaction, what remedy do you seek? _____

(Continue any question on additional sheets if necessary)

Please list below any persons (witnesses, fellow employees, supervisors, or others) whom we might contact for additional information to support or clarify your complaint:

Name	Address	Telephone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you filed a case or complaint with any of the following? (Check the appropriate items.)

<input type="checkbox"/> Civil Rights Division, U.S. Dept. Of Justice	<input type="checkbox"/> State or local Human Relations Commission
<input type="checkbox"/> U.S. Equal Employment Opportunity Commission	<input type="checkbox"/> State Law Enforcement Planning Agency
<input type="checkbox"/> Other Federal Agency	<input type="checkbox"/> Attorney (Note the name and address above)
<input type="checkbox"/> Federal or State Court	<input type="checkbox"/> Other (specify) _____

For any item checked above, please provide the following information:

Name of Agency: _____

Date Filed: _____

Case or Docket Number: _____

Date of Trial or Hearing: _____

Location of Agency or court: _____

Name of Investigator: _____

Status of Case: _____

Additional comments: _____

DATE: _____ **SIGNED:** _____

(Please also complete and submit the Identity Release Statement)

Please mail this form and the completed Identity Release Statement to the following address:

Office for Civil Rights
 Office of Justice Programs
 810 7th Street, N.W.
 8th Floor
 Washington, D.C. 20531